MCS BALANCE PROGRAM REIMBURSEMENT FORM

Please read the instructions before completing this form.

SECTION A - INSURED OR DEPENDENT'S INFORMATION				
Contract Number:	Insured or Dependent's Name:	Initial:	Insured or Dependent's Last Names:	
Mailing Address (Urb, Street #, PO Box, City, State, Zip Code):		Group Number:	Date of Birth: _____ / _____ / _____ month day year	
Home Telephone Number:	Fax Number:		Alternate Telephone Number:	
Gym Name:	Gym Telephone Number:	Membership per Contract: ☐ Yes ☐ No	Prepaid Contract: ☐ Yes ☐ No	
Do you pay the Gym through Direct Debit? ☐ Yes ☐ No	*Payment Frequency according to Gym Membership: ☐ Monthly ☐ Biannual ☐ Other (*Specify*)_____			

SECTION B - INSURED OR DEPENDENT'S AUTHORIZATION

I certify that the information included in this form is correct and complete.

_____ Insured or Authorized Representative Signature

_____ Date

SECTION C - INFORMATION FOR MCS INTERNAL USE				
Service Code:	DX:	POS:	Provider:	Service Date:
S9970	***Z02.9***	***99***	***2999GY***	***Membership Payment Date***

INSTRUCTIONS

I. PLEASE READ THIS IMPORTANT INFORMATION

Use this form to request reimbursement for membership or gym expenses that is approved by the Recreation and Sports Department of Puerto Rico. The limit for your reimbursement benefit is according to the provisions of your policy.

It is required for you to complete a Health Risk Assessment (HRA) at the MCS Care Clubs center of your convenience or through a primary care physician. *This requirement does not apply to MCS Employees. Nonetheless, MCS employees can perform their HRA at the Care Center.

The insured must include along with this form the evidence of having completed the Health Assessment "HRA" (this does not apply to MCS employees). The MCS Care Clubs center and the primary care physician must provide the insured with a copy of the Health Assessment "HRA".

To request reimbursement you must complete this form during the first one hundred eighty (180) days from the payment to the gym.*We will only refund payments for months of services paid for and consumed in the gym membership, while the policy has been in effect. We will not refund months in advance.

Reimbursement applies for each health policy insured or dependent subscribed to the gym and must be eighteen (18) years and older. If you claim expenses for more than one member of your family, please complete a reimbursement form for each member. Also, you must provide payment evidence under the name of each dependent subscribed to the gym.

Include the official gym receipt that certifies the payment in the frequency indicated above for any of the following: (a) payment receipt according to the frequency of the gym membership (b) original or copy of the bank account statement that specifies the payment if you pay through direct debit. Make sure to erase or cross out the numbers for your account or any other personal information not related to the payment of your gym membership.

Complete the spaces in this form for the reimbursement process. Include the receipts, as previously mentioned, for each member of the family.

If you did not complete your Health Evaluation (HRA) during the stipulated period from the effective date of the policy, this reimbursement benefit will not apply for your gym subscription. The forms not containing the requested information might delay the reimbursement process or be returned. For additional details of your coverage please refer to policy or benefit certificate.

You can mail the form to the following address: MCS, PO BOX 9023547 San Juan, PR 00902-3547. You can also turn it in personally to any of our Service Centers.

If you have questions regarding this form, you can contact our Customer Service Department at 787.281.2800 (metro area) or 1.888.758.1616 (free of charges), from Monday through Friday from 8:00 a.m. to 8:00 p.m. and Saturdays from 8:00 a.m. to 4:30 p.m.

II. EXCLUSIONS

Not applicable to the following services: Group or individual physical trainer, at the gym or home, and independent group classes.
Not applicable to the insureds under eighteen (18) years of age.
Not applicable to payments made to the gym prior to the date of the health insurance effectiveness.
Not apllicable to the insured who are inactive in their health policy at the moment of having paid their gym membership.

III. CONFIDENTIALITY NOTE

Once completed, this form contains privileged and confidential information for exclusive use of the person or entity it addresses. If you receive it by mistake, you are not authorized to review, disclose, spread, distribute or photocopy it. If you received this information by mistake, please notify immediately at 787-758-2500 to make the necessary arrangements to return or destroy the documents.

IV. FRAUD NOTICE

In accordance with the provisions of Law No. 230 from August 9, 2008, the Article 27.250 from the Office of the Commissioner of Insurance provides the following: "Any person who knowingly and with the intent of defrauding presents false information in an insurance application or, who submits, helps, or forces to submit a fraudulent claim for the payment of a loss or other benefit, or submits more than one claim for the same damage or loss, will incur in a criminal offense and if convicted, will be punished for each violation, with a fine of no less than five thousand dollars ($5,000), and no greater than ten thousand dollars ($10,000), or with a fixed prison term of three (3) years, or both penalties. If there are any aggravating circumstances, the established fixed penalty term may be increased up to a maximum of five (5) years; if there are any extenuating circumstances, it may be reduced to two (2) years".

V. USES AND DISCLOSURE AUTHORIZED BY LAW OF THE PROTECTED HEALTH INFORMATION

MCS Life Insurance Company has the obligation and commitment of keeping the privacy and confidentiality of your protected health information (PHI) according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). MCS Life Insurance Company as Plan administrator can disclose PHI without the insured's authorization to fulfill functions related to your treatment, payment of medical services and health care operations.

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